PAGE 1 / 66

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X	For Other Than An A	uthorized Committee	Office Us	e Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
WOMEN SPEAK C	UT PAC			
ADDRESS (number and stree Check if different than previously reported. (ACC)	t) 1200 NEW HAMPSHIRE SUITE 750 WASHINGTON	AVE NW	DC 20036	
2. FEC IDENTIFICATION	N NUMBER ▼	CITY	STATE ▲	ZIP CODE A
C C00530766	3.	IS THIS REPORT NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Reports July 15 Quarterly Reports October 15 Quarterly Report Quarterly Report April 15 Quarterly	PREPORT Due On: Ort (Q1) Ort (Q2) Ort (Q2) Ort (Q3) Ort (YE) Parametric decition (Q3) POST-Election Report for the: POST-Election Report for the: Ort (YE) Post (Q3) Post (Q3) Post (Q3) Post (Q4) Post (Q5) Report (Q5)	ction on 11 08 General (30G)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) in the State of Special (30S) in the State of
5. Covering Period	10 01 / 2016		19 / 201	
I certify that I have examine Type or Print Name of Trea	Buchanan, Emily, , ,	of my knowledge and belief it is	true, correct and complet	e.
Signature of Treasurer	Buchanan, Emily, , ,	[Electronically Filed]	Date 05 / D	2017
NOTE: Submission of false, e	erroneous, or incomplete informa	ation may subject the person signing	this Report to the penaltie	es of 52 U.S.C. § 30109
Office Use Only				FORM 3X ev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
V	Vrite or Type Committee Name		
_\	WOMEN SPEAK OUT PAC		
R	Report Covering the Period: From:	10 01 2016	To: 10 / 19 / 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		496911.89
	(b) Cash on Hand at Beginning of Reporting Period	666832.81	
	(c) Total Receipts (from Line 19)	260111.02	1142892.60
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	926943.83	1639804.49
7.	Total Disbursements (from Line 31)	519648.25	1232508.91
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	407295.58	407295.58
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	34024.16	
	This committee has qualified as a multi	icandidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

WOMEN SPEAK OUT PAC

port Covering the Period: From: 10	01 2016 To	: 10 / 19 / 2016
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
· •		
(i) Itemized (use Schedule A)	260000.00	1114282.43
(ii) Unitemized(iii) TOTAL (add	111.02	17966.44
Lines 11(a)(i) and (ii)	260111.02	1132248.87
. /	0.00	0.00
(such as PACs)	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	260111.02	1132248.87
	0.00	0.00
All Loans Received	0.00	0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	10643.73
· · · · · · · · · · · · · · · · · · ·	0.00	10043.73
	0.00	0.00
Other Federal Receipts		
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	,	, ,, ,
	0.00	0.00
(IIOIII Scriedule IIS)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal		Carolina Tour to Date
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	125586.82	479129.81
(c) Total Operating Expenditures	1000000	470420.04
(add 21(a)(i), (a)(ii), and (b))▶	125586.82	479129.81
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	4 1 4 1 4 1	4 4
(use Schedule E)	394061.43	753379.10
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2	0))	
(a) Allocated Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	4	
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	519648.25	1232508.91
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	540040.05	
	519648.25	1232508.91

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 5
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	260111.02	1132248.87
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	260111.02	1132248.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	125586.82	479129.81
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	10643.73
38. Net Operating Expenditures (subtract Line 37 from Line 36)	125586.82	468486.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	NU	MBER	:	PAGE	6	OF	66
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may g the name and add	not be sold or used by any p lress of any political committe	erson for the purpose to solicit contributi	se of soliciting contributions ons from such committee.
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				
Full Name of Individual (Last, First, Middl Birkenstock, Veronica, T., ,	e Initial) or Full Orga	anization Name	Date of Rece	ipt
Mailing Address 12300 Winding Hollow La	ane		10 /	18 2016
City	State	Zip Code	Transaction	ID : SA11AI.6740
Frisco	TX	75033	Amount of Ea	ach Receipt this Period
FEC ID number of contributing federal political committee.	C			10000.00
Name of Employer (for Individual) Practical Employee Solutions	Occupa Presid	ation (for Individual) ent	Memo It	em
Receipt For: 2016 Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 10000.00]	
Full Name of Individual (Last, First, Middl Susan B Anthony List, Inc.		anization Name	Date of Rece	ipt
Mailing Address 1200 New Hampshire Ave			10	13 2016
City Washington	State DC	Zip Code 20036		aID: SA11AI.6741 ach Receipt this Period
FEC ID number of contributing federal political committee.	С			250000.00
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo It Contribution	em
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 491682.43]	
Full Name of Individual (Last, First, Middl	e Initial) or Full Orga	anization Name	Date of Rece	ipt
Mailing Address			M = M /	D = D / Y = Y = Y
City	State	Zip Code	Amount of Fa	ach Receipt this Period
FEC ID number of contributing federal political committee.	C		Amount of Le	an necept this renou
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo It	em
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼]	
SUBTOTAL of Receipts This Page (optional	ال)ا			260000.00
TOTAL This Period (last page this line num	nber only)			260000.00

17

SCHEDULE B (FEC Form 3X)	llee	water pale of the C.	FOR LINE	NUMBER:		PAGE 7 OF 66
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check onl		7.00 <u> </u>] 00
		Summary Page	X 21b 28a	22 28b	23 28c	26 27 29 30b
Any information copied from such Departs and Chater	onte mou =	not be sold or				
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)						
WOMEN SPEAK OUT PAC						
Full Name (Last, First, Middle Initial)				Date of Di	churcamar	nt .
A. All Seasons Strategies, LLC				M M /	DDD	/
Mailing Address P.O. Box 3521				10	05	2016
,	State	Zip Code		FEC Ident	fication Nu	umber
Spokane Purpose of Disbursement	WA	99202				
Expense Reimbursement			· · ·	C		
Candidate Name			Category/			SB21B.6711 bursement this Period
			Type]		
Office Sought: House Disbursen					7	2394.65
	Primary Other (spec	General				
State: District:	Outer (Spec	/··y/ ▼		Memo	Item	
Full Name (Last, First, Middle Initial)						
B. Alaska Air				Date of Di	sbursemer	nt
				M = M /	D D	/ Y Y Y Y Y
Mailing Address Po Box 68900		I=- 0 .		09	14	2016
,	State WA	Zip Code 98168		FEC Ident	fication Nu	umber
Purpose of Disbursement Travel		30100		С		
Candidate Name			Category/ Type			SB21B.6711.0 bursement this Period
Office Sought: House Disbursen	nent For:	I	7,	1 []		158.60
	Primary	General			,	
President State: District:	Other (spec	cify)		X Memo	Item	
Full Name (Last, First, Middle Initial)				_		
C. Alaska Air				Date of Di	sbursemer	nt
Mailing Address Po Box 68900				09	09	2016
,	State	Zip Code		FEC Ident	fication Nu	umber
Seattle Purpose of Disbursement	WA	98168				
Travel				C		0004D 0744
Candidate Name			Category/ Type			SB21B.6711. bursement this Period
Office Sought: House Disbursen	nent For:	I		1 L	-	319.60
	Primary	General				
State: District:	Other (spec	cify) 🔻		X Memo	Item	
State: District:						
SUBTOTAL of Disbursements This Page (optional)			·····•			2394.65
TOTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3X)			FOR LI	NE NUMBEI	R:	PAGE 8 OF 66
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	l '	only one)	23	26 27
		Summary Page		8a 28b		
Any information copied from such Reports and State	ments may	not be sold or use				
or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC						
Full Name (Last, First, Middle Initial)						
A. Hyatt Hotels				M		D / Y Y Y Y
Mailing Address				09		08 2016
City	State	Zip Code		FEC	Identificati	on Number
Purpose of Disbursement Travel				С	ransactio	n ID : SB21B.6711.7
Candidate Name			Category, Type	Amou	nt of Eacl	n Disbursement this Period
Senate	ement For: Primary	General			-	120.48
State: District:	Other (spe	ecify) 🔻		X N	lemo Item	ı
Full Name (Last, First, Middle Initial)						
B. Alaska Air				Date	of Disburs	sement
Mailing Address Po Box 68900				09		07 2016
City Seattle	State WA	Zip Code 98168		FEC	Identificati	on Number
Purpose of Disbursement				C	ransactio	n ID : SB21B.6711.8
Candidate Name			Category/ Type	_		h Disbursement this Period
	ement For:		71			319.60
Senate President	Primary Other (spe	General ecify)		X N	lemo Item	1
State: District:						
Full Name (Last, First, Middle Initial) C. Alaska Air				Date	of Disburs	sement
Mailing Address Po Box 68900				09		2016
City	State	Zip Code		FFC	Identificati	on Number
Seattle Purpose of Disbursement	WA	98168				
Travel Candidate Name				С	ransactio	n ID : SB21B.6711.
Candidate Name			Category, Type	Amou	nt of Eacl	h Disbursement this Period
Senate	ement For: Primary	General			7	157.60
State: District:	Other (spe	ecify) 🔻		X N	lemo Item	ı
State.						
SUBTOTAL of Disbursements This Page (optional))	<u> </u>		0.00
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SCHEDULE B (FEC Form 3X)			EOD I IVIE	NUMBER: PAGE 9 OF 66
ITEMIZED DISBURSEMENTS		arate schedule(s)	(check onl	NOMBEIT.
II LIVIIZED DISBONSLIVILIVIS		category of the Summary Page	X 21b	
	Detailed		28a	28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)) h		
WOMEN SPEAK OUT PAC				
Full Name (Last, First, Middle Initial)				Data of Disharanana
A. Alamo				Date of Disbursement
Mailing Address				09 04 2016
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				C
Travel Candidate Name				Transaction ID : SB21B.6711.
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse	ment For:		.,,,,	231.44
Senate	Primary	General		
State: District:	Other (spe	ecify) 🔻		✗ Memo Item
Full Name (Last, First, Middle Initial)				
B. Hyatt Hotels				Date of Disbursement
				M = M / D = D / Y = Y = Y
Mailing Address				09 04 2016
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				C
Travel			L	Transaction ID : SB21B.6711.1
Candidate Name			Category/	Amount of Each Disbursement this Period
Office Sought: House Disburse	ment For:		Туре	300.66
Senate	Primary	General		4 4
President	Other (spe	ecify)		✗ Memo Item
State: District: Full Name (Last, First, Middle Initial)				1-1
C. All Seasons Strategies, LLC				Date of Disbursement
Mailing Address D.O. Day 0504				10 17 2016
Mailing Address P.O. Box 3521				10 17 2016
,	State	Zip Code		FEC Identification Number
Spokane Purpose of Disbursement	WA	99202		
Travel				Transaction ID : SB21B.6755
Candidate Name			Category/	Amount of Each Disbursement this Period
Office Sought: House Disburse	ment For:		Туре	6054.50
Senate Disburse	ment For: Primary	General		0004.00
President	Other (spe			Memo Item
State: District:				Wollie Kelli
				6054.50
SUBTOTAL of Disbursements This Page (optional)			<u> </u>	0004.30
TOTAL This Period (last page this line number only	·)			

SCHEDULE B (FEC Form 3X)	Ī			INE NU			PA	GE 10 OF 66
ITEMIZED DISBURSEMENTS		parate schedule(s) a category of the		only or				0.7
		Summary Page		21b 28a	22 28b	23 28c	26	27 30b
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NAME OF COMMITTEE (In Full)								
WOMEN SPEAK OUT PAC								
Full Name (Last, First, Middle Initial)					5	5		
A. Ashley, Michelle, , ,					M = M	Disburse /	D / Y	YYYY
Mailing Address 1200 New Hampshire Ave NW Ste					10	C	3	2016
City Washington	State DC	Zip Code 20036			FEC Ide	entificatio	n Number	
Purpose of Disbursement		20030		_	С			
Expense Reimbursement							ID ODG	ID 0740
Candidate Name			Category	//			ID: SB21 Disburser	nent this Period
			Type					
	ment For:							396.64
Senate	Primary	General						
State: District:	Other (spe	ecity) \blacktriangledown			Me	mo Item		
Full Name (Last, First, Middle Initial)								
B. Ashley, Michelle, , ,					Date of	Disburse	ement	
, torney, tenerione, , ,					M = M	/ D	D / Y	- Y - Y - Y
Mailing Address 1200 New Hampshire Ave NW St	te 750				09		29	2016
City	State	Zip Code			FEC Ide	entificatio	n Number	
Washington Purpose of Disbursement	DC	20036		— П				
Mileage			L		C			
Candidate Name			Category	,,			ID: SB21	B.6710.1 ment this Period
			Type	″ "	Amount	OI Lacii	Disbuisei	nent this renou
Office Sought: House Disburse	ment For:						1.45	214.56
Senate	Primary	General				,	,	
President State: District:	Other (spe	ecify)			X Me	mo Item		
Full Name (Last, First, Middle Initial)				-	_			
C. Ashley, Michelle, , ,						Disburse		
Mailing Address 1200 New Hampshire Ave NW St	e 750				10	/ D	8	2016
City	State	Zip Code			EEC 14	antificatio	n Number	
Washington	DC	20036				Jimoano	ivallibel	
Purpose of Disbursement Expense Reimbursement				اار	C	nsaction	ID : SB21	IB.6725
Candidate Name			Category Type	//	Amount	of Each	Disburser	ment this Period
Office Sought: House Disburse	ement For:						1 75	391.96
Senate	Primary	General				,	,	
President	Other (spe	ecify) ▼			Me	mo Item		
State: District:								
SUBTOTAL of Disbursements This Page (optional).				>		-		788.60
TOTAL This Period (last page this line number only	<i>(</i>)			_				

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Zip Code 20036 General pecify)		Date of Disbursement Transaction ID: SB21B.6725.' Amount of Each Disbursement this Period M M M M M M M M M M M M M M M M M M M
Zip Code 20036 General pecify)	Category/	Date of Disbursement Mark
20036 ☐ General pecify) ▼		FEC Identification Number C Transaction ID: SB21B.6725.' Amount of Each Disbursement this Period 224.43 Memo Item Date of Disbursement
20036 ☐ General pecify) ▼		FEC Identification Number C Transaction ID: SB21B.6725.' Amount of Each Disbursement this Period 224.43 Memo Item Date of Disbursement
20036 ☐ General pecify) ▼		FEC Identification Number C Transaction ID: SB21B.6725.* Amount of Each Disbursement this Period 224.43 Memo Item Date of Disbursement
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General pecify) ▼		Date of Disbursement
		Date of Disbursement
		M = M / D = D / Y = Y = Y
Zip Code 84003-0947		FEC Identification Number
		Transaction ID : SB21B.6729
	Category/ Type	Amount of Each Disbursement this Period
General		Memo Item
		Date of Disbursement
		10 04 7 2016
Zip Code 84003-0947		FEC Identification Number
	Category/ Type	Transaction ID : SB21B.6730 Amount of Each Disbursement this Period
General	3111	42.55
· · ·		Memo Item
	Zip Code 84003-0947 General pecify)	General pecify) Zip Code 84003-0947 Category/ Type

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 12 C				
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check or					
		Summary Page	X 21 28		23 28c	26 29	27 30b	
Any information conicd from such Deposits and Olek								
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
WOMEN SPEAK OUT PAC								
Full Name (Last, First, Middle Initial)				Data of [Diahuraan	nont		
A. Blevio, Chrissy, , ,				Date of I				
Mailing Address 1200 New Hampshire Ave NW St	e 750			10	18		2016	
City	State	Zip Code		FEC Ider		Number		
Washington	DC	20036			incation	Number		
Purpose of Disbursement Expense Reimbursement								
Candidate Name						D : SB21E		
Candidato Namo			Category/ Type	Amount	of Each D	Disbursem	ent this Period	
Office Sought: House Disburse	ement For:		.,,,,	4 I			400.92	
Senate	Primary	General				7	45	
President	Other (spe	ecify) ▼		Mem	o Item			
State: District:				ш				
Full Name (Last, First, Middle Initial)				Data of I	S:- I			
B. Blevio, Chrissy, , ,				Date of I				
Mailing Address 1200 New Hampshire Ave NW S	to 750			10	16		2016	
The state of the s	10 700				- 10		20.0	
City	State	Zip Code		FEC Ider	ntification	Number		
Washington Purpose of Disbursement	DC	20036					-	
Travel				C				
Candidate Name			Cotogony			D : SB21B	8.6719.0 ent this Period	
			Category/ Type	Amount	n Each L	Jisburseili	ent this Period	
Office Sought: House Disburse	ement For:			1 L	7 5 I	1 25 1	79.13	
Senate	Primary	General				, , , , , ,		
President	Other (spe	ecify)		X Mem	o Item			
State: District:								
Full Name (Last, First, Middle Initial) C. Budget Rent A Car				Date of I	Disbursen	nent		
				M M	/ D D) / Y	YYY	
Mailing Address				10	14	╛┖	2016	
City	State	Zip Code		FFO Idea		Ni. was la au		
				FEC Ider	uncation	ivuiliber	-	
Purpose of Disbursement Travel								
Candidate Name						D : SB21E		
			Category/ Type	Amount	n Each L	Jisbursem	ent this Period	
Office Sought: House Disburse	ement For:		71	- 1 []			321.79	
Senate	Primary	General			7	7		
President	Other (spe	ecify) ▼		X Mem	o Item			
State: District:								
CURTOTAL of Dishurance and This Dame (400.92	
SUBTOTAL of Disbursements This Page (optional)			······		7		.55.52	
TOTAL This Period (last page this line number onl	v)				_ =	_ = 1		

SCHEDULE B (FEC Form 3X)			FOR LIN	FOR LINE NUMBER: PAGE 13 O				
ITEMIZED DISBURSEMENTS		parate schedule(s) n category of the	(check o	·		¬ ₀ ,		
		Summary Page	X 21 28		23 28c	26 27 29 30b		
Any information conicd from such Deports and Cta	tomonto mo	, not be cold or us						
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NAME OF COMMITTEE (In Full)								
WOMEN SPEAK OUT PAC								
Full Name (Last, First, Middle Initial)				Data of I	D:-1			
A. Chain Bridge Bank				M = M	Disbursem	/ Y = Y = Y		
Mailing Address 1445 McLaughlin Ave				10	06	2016		
City	State	Zip Code		FEC Ide	ntification I	Number		
McLean Purpose of Disbursement	VA	22101						
Wire fees				C				
Candidate Name			0-1/	-		D: SB21B.6731		
			Category/ Type	Amount	JI Each D	isbursement this Period		
Office Sought: House Disbur	sement For:]]	_	120.00		
Senate	Primary	General				,		
State: District:	Other (sp	ecify) \blacktriangledown		Mem	no Item			
Full Name (Last, First, Middle Initial)								
B. Chain Bridge Bank				Date of	Disbursem	nent		
				M M	/ D D	/ Y Y Y Y Y		
Mailing Address 1445 McLaughlin Ave				10	14	2016		
City	State VA	Zip Code		FEC Ide	ntification I	Number		
McLean Purpose of Disbursement	VA	22101		C				
Wire Fees								
Candidate Name			Category/			D: SB21B.6733 Disbursement this Period		
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	sement For:					200.00		
Senate President	Other (sp	General						
State: District:	Other (sp	ecity)		Mem	no Item			
Full Name (Last, First, Middle Initial)								
C. Design 4 Advertising					Disbursem			
Mailing Address 106 N Collins St				10	17	2016		
City	State	Zip Code		EEC Ida	otification	Number		
Plant City	FL	33563		FEC Idei	ntification I	INUITIDEI		
Purpose of Disbursement Website editing	•			C	ocation II	D : SB21B.6734		
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A. Edson, Timothy, , ,				Date of D	Disburseme	ent		
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Mailing Address 836 5th St NE				10	05	-	2016	
City	State	Zip Code		FEC Iden	tification N	Number		
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Expense Reimbursement				C				
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B. National Car Rental				Date of D	Disburseme	ent		
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Mailing Address				09	29		2016	
City	State	Zip Code		FEC Iden	tification N	Jumbar		
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Purpose of Disbursement Travel				C				
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	sement For:] L	7		261.55	Ш
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C. UPS				Date of D	Disburseme	ent		
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Mailing Address				00	25		2010	
City	State	Zip Code		FEC Iden	tification N	Number		
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Office Supplies					saction ID	: SB21B	.6718.	
Candidate Name			Category/				ent this Perio	d
Office Sought: House Disburs	sement For:		Туре				30.02	7
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Travel			· · ·							
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Purpose of Disbursement Office Supplies				С	Trair	natir::	ID : C	Post	6740.4	
Candidate Name			Category/ Type	Am		action f Each	_		. 6718.1 ent this F	Period
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	Primary	General				_,				
President State: District:	Other (spec	іту)		×	Memo	Item				
Full Name (Last, First, Middle Initial)										
C. American Airlines						isburse				
Mailing Address 1101 17th NW #600				_	м)9	10		Y	2016	Y
City	tate	Zip Code		FF) Iden	tification	Num	nher		
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A. American Airlines					Disburseme			
Mailing Address 1101 17th NW				08	30	2016		
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Washington Purpose of Disbursement	טכ	20036						
Travel				C	nastier IP	. CD24D 0740.4		
Candidate Name			Category/			: SB21B.6718.2 sbursement this Period		
			Type	1				
Office Sought: House Disburser		Camaral			7	258.60		
Senate President	Primary Other (spec	General						
State: District:	Cirioi (opoc	··· <i>J</i> / ▼		★ Mem	o Item			
Full Name (Last, First, Middle Initial)								
B. Delta Airlines				Date of I	Disburseme	ent		
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Mailing Address 1030 Delta Blvd				08	27	2016		
City Atlanta	State GA	Zip Code 30354		FEC Ider	tification N	lumber		
Purpose of Disbursement		30304		C				
Travel					saction ID	: SB21B.6718.2		
Candidate Name			Category/			sbursement this Period		
Office Sought: House Dishurses	oont For		Туре			356.60		
Office Sought: House Disbursen Senate	nent For: Primary	General				350.00		
	Other (spec			Y				
State: District:				X Mem	o Item			
Full Name (Last, First, Middle Initial)								
C. Escalante, Eileen, , ,				Date of I	Disburseme	ent		
Mailing Address 1200 New Hampshire Ave				10	03	2016		
Maining Address 1200 New Hampshire Ave				10	03	2010		
,	State	Zip Code		FEC Ider	tification N	lumber		
Washington Purpose of Disbursement	DC	20036						
Expense Reimbursement				C				
Candidate Name			Catagory			: SB21B.6707 sbursement this Period		
			Category/ Type	Amount	. Lacii Dis	Soursoment this Fellou		
Office Sought: House Disburser				1 L	7	323.30		
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A. Escalante, Eileen, , ,				Date of L	isburseme	ent / Y Y Y Y Y		
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Expense Reimbursement					action ID	: SB21B.6717		
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Purpose of Disbursement Expense Reimbursement			· · · ·	C	action ID	: SB21B.6726		
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Office Sought: House Disburs	ement For:		Туре			652	2.37	
Senate	Primary	General				7		
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A. Fitzgerald, Tami, , ,				M M /	D D	/		
Mailing Address 1200 New Hampshire Ave NW Ste	750			10	17	2016		
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	ment For:				,	236.32		
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President	Other (spec			Y Mama				
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Full Name (Last, First, Middle Initial)								
C. Headway Workforce Solutions				Date of D	isburseme			
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Mailing Address 421 Fayetteville St #1020				10	19	20	J10	4
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Detailed Summary Page 28 28 28 20 30b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) WOMEN SPEAK OUT PAC Full Name (Last, First, Middle Initial) A. Headway Workforce Solutions Mailing Address 421 Fayeteville St #1020 City Reliegh Purpose of Disbursement Feed Index of the Series of t	IT	EMIZED DISBURSEMENTS			(ch					٦ ٥٥		loe I	07	
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WOMEN SPEAK OUT PAC Full Name (Last, First, Middle Initial) A. Headway Workforce Solutions Mailing Address 121 Fayeteville St #1020 City Raleigh State Zp Code Raleigh NC Zr601 Purpose of Disbursement House President State: Disbursement For: Gandidate Name Category' Senate President Other (specify) ▼ Mailing Address 1200 New Hampshire Ave NW Sit 750 City Washington Candidate Name Category' Senate President State: Disbursement For: Gandidate Name Category' Transaction ID: S8218.6715 Amount of Each Disbursement this Period Category' Transaction ID: S8218.6715 Amount of Each Disbursement Texpense Remotursement Candidate Name Category' Transaction ID: S8218.6715 Amount of Each Disbursement this Period Category' Transaction ID: S8218.6715 Amount of Each Disbursement Candidate Name Category' Transaction ID: S8218.6715 Amount of Each Disbursement Candidate Name Category' Transaction ID: S8218.6715 Amount of Each Disbursement Category' Transaction ID: S8218.6715 Amount of Each Disbursement Memo Item Date of Disbursement Category' Transaction ID: S8218.6715 Amount of Each Disbursement Memo Item FEC Identification Number Category' Transaction ID: S8218.6715 Amount of Each Disbursement Memo Item FEC Identification Number Category' Transaction ID: S8218.6715 Amount of Each Disbursement Date of Disbursement Memo Item FEC Identification Number Category' Transaction ID: S8218.6715 Amount of Each Disbursement For: Transaction ID: S8218.67														
Full Name (Last, First, Middle Initial) A. Headway Workforce Solutions Mailing Address 421 Fayetteville St #1020 City State Zip Code Raleigh NC 27601 Purpose of Disbursement Headway Fees Candidate Name Category' Spe Category' Spe Candidate Name Category' State Disbursement Primary General Primary General Disbursement Date of Disbursement his Period Transaction ID : \$8218.5759 Amount of Each Disbursement his Period Category' Spe Categor		NAME OF COMMITTEE (In Full)												
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A. Headway Workforce Solutions Mailing Address 421 Fayetheville St #1020 City Raleigh Purpose of Disbursement Headway Fees Candidate Name Office Sought:	\angle	Full Name (Last First Middle Initial)												
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Headway Fees Candidate Name Category/ Office Sought: House Disbursement For: Senate President Other (specify) ▼ State: District: Senate President Other (specify) ▼ State: District: Senate President Other (specify) ▼ State: District: District: Other (specify) ▼ Memo Item Date of Disbursement FEC Identification Number Category/ Type Transaction ID: SB218.6715 Amount of Each Disbursement Date of Disbursement ### Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) Memo Item Date of Disbursement ### Category/ Type Transaction ID: SB218.6715 Amount of Each Disbursement this Period ### Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) Memo Item Date of Disbursement this Period ### Category/ Type Office Sought: House Disbursement For: Date of Disbursement Transaction ID: SB218.6715 Amount of Each Disbursement Transaction ID: S		,						FEC I	denti	fication	ı Nu	mber		
Candidate Name Category/ Type Office Sought: House President Primary General Primary General President State: District: Full Name (Last, First, Middle Initial) B. Hollar, Jeremy, , , Mailing Address 1200 New Hampshire Ave NW Ste 750 City Washington DC 20036 President Primary General Primary Ge						_	1	C			ū			
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State: District: Full Name (Last, First, Middle Initial) B. Hollar, Jeremy, , Mailling Address 1200 New Hampshire Ave NW Ste 750 City Washington Purpose of Disbursement Expense Reimbursement Candidate Name Office Sought: House President President State: District: Full Name (Last, First, Middle Initial) C. Hollar, Jeremy, , Mailling Address 1200 New Hampshire Ave NW Ste 750 Category/ Type Other (specify) Date of Disbursement FEC Identification Number Category/ Type Other (specify) Memo Item Date of Disbursement FeC Identification Number Category/ Type Other (specify) Date of Disbursement Memo Item FEC Identification Number Category/ Type Other (specify) Date of Disbursement FeC Identification Number FeC Identification Number Category/ Type Transaction ID: SB21B.6715 Amount of Each Disbursement Mileage Category/ Type Office Sought: House Disbursement For: Senate President Mileage Category/ Type Office Sought: House Disbursement For: Senate Primary General President State: District: Substortal of Disbursements This Page (optional)			•							,				
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Candidate Name			Category/			_	ent this Period	
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Office Sought: House Disburse Senate	ment For: Primary	General				-	214.24	
President	Other (spe			14				
State: District:] (-p.	· · · · · · · · · · · · · · · · · · ·		X Me	mo Item			
Full Name (Last, First, Middle Initial)								
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Candidate Name			Category/	- 1		n ID : SB21B.6722.4 Disbursement this Period						
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Office Sought: House Disburse Senate	ment For: Primary	General				10.39						
President	Other (spe			X M	emo Item							
State: District:				IVI	emo item							
Full Name (Last, First, Middle Initial)				Dete	f Dishama							
B. Hollar, Jeremy, , ,				Date	of Disburse	ement						
Mailing Address 1200 New Hampshire Ave NW Ste 750				10		2016						
,	State	Zip Code		FEC I	dentificatio	n Number						
Washington Purpose of Disbursement	DC	20036										
Mileage				C	anaastian	ID : SB21B.6722.7						
Candidate Name			Category/	_		Disbursement this Period						
Office Sought: House Disburse	ment For:		Type			136.94						
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Full Name (Last, First, Middle Initial) C. i360				Date (of Disburse	ement						
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Mailing Address P.O. Box 37046				10	1	2016						
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Baltimore	MD	21297-3046		FEC I	dentificatio	n Number						
Purpose of Disbursement Subscription												
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NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	Sin addices of di	., political		Solot Contribut	Such Committee.			
Full Name (Last, First, Middle Initial) A. Intuit				Date of Disb				
Mailing Address 2700 Coast Ave				10	03 2016			
Mountain View	State Zip Coc CA 94043				ation Number			
Purpose of Disbursement Credit Card processing fees Candidate Name		[Catagori'		tion ID : SB21B.6727			
	ment For:		Category/ Type	AINOUNT Of E	ach Disbursement this Period 15.95			
Senate President	Primary Ge Other (specify) ▼	eneral		Memo Ite	em			
State: District:								
Full Name (Last, First, Middle Initial) 3. Kirkman, Jason, , ,				Date of Disb	ursement			
Mailing Address 1200 NEw Hampshire Ave Ste 750				10	05 2016			
City Washington	State Zip Cod DC 20036			FEC Identific	ation Number			
Purpose of Disbursement Expense Reimbursement	20030	Г		C	tion ID : SB21B.6714			
Candidate Name			Category/ Type		ach Disbursement this Period			
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State: District:				Memo Ite	em			
Full Name (Last, First, Middle Initial) C. Wal-mart				Date of Disb				
Mailing Address				09	27 2016			
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Purpose of Disbursement Office Supplies Candidate Name			Category/		tion ID : SB21B.6714. ach Disbursement this Period			
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· Enterprise Kent a Car				Date of Disbursement				
				M M / D D / Y Y Y Y				
Mailing Address 843 State Street				09 23 2016				
Salt Lake City	tate UT	Zip Code 84111		FEC Identification Number				
Purpose of Disbursement Travel								
Candidate Name			Category/ Type	Transaction ID: SB21B.6714.6 Amount of Each Disbursement this Period				
Office Sought: House Disbursem Senate President	- 31	100.75						
State: District:	Other (speci	,, ▼		✗ Memo Item				
Full Name (Last, First, Middle Initial) Kirkman, Jason, , ,		Date of Disbursement						
Mailing Address 1200 NEw Hampshire Ave Ste 750				09 29 2016				
•	tate DC	Zip Code 20036		FEC Identification Number				
Purpose of Disbursement Mileage				C Transaction ID : SB21B.6714.8				
Candidate Name			Category/ Type	Amount of Each Disbursement this Period				
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State: District:	other (opeo	·· y /		Memo Item				
Full Name (Last, First, Middle Initial) Kirkman, Jason, , ,				Date of Disbursement				
Mailing Address 1200 NEw Hampshire Ave Ste 750				10 18 2016				
,	tate DC	Zip Code 20036		FEC Identification Number				
Purpose of Disbursement Expense Reimbursement- actual amount. Original re of \$465.27 Candidate Name	Category/ Type	Transaction ID: SB21B.6721 Amount of Each Disbursement this Period						
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NAME OF COMMITTEE (In Full)										
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A. Love, Julie, , ,				M M / D D / Y Y Y						
Mailing Address 1200 New Hampshire Ave NW Ste	750			10 03 7 2016						
City	State	Zip Code		FFC Identif	ication Number					
washington	DC	20036								
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Candidate Name			Cotogomil		ection ID: SB21B.6708 Each Disbursement this Period					
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Office Sought: House Disburser	ment For:				335.28					
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President State: District:	Other (spec	city) 🔻		Memo	Item					
Full Name (Last, First, Middle Initial)										
B. Love, Julie, , ,				Date of Dis	sbursement					
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Mailing Address 1200 New Hampshire Ave NW Ste	e 750			09	28 2016					
,	State	Zip Code		FEC Identif	ication Number					
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Candidate Name			Category/ Type	Transaction ID : SB21B.6708.1 Amount of Each Disbursement this Pe						
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President State: District:	Other (spec	cify)		X Memo	Item					
Full Name (Last, First, Middle Initial) C. Love, Julie, , ,				Date of Dis	sbursement					
Mailing Address 1200 New Hampshire Ave NW Ste	750			10	18 2016					
,	State	Zip Code		FEC Identif	ication Number					
washington Purpose of Disbursement	DC	20036								
Expense Reimbursement				C .						
Candidate Name		Category/ Type		ection ID: SB21B.6723 Each Disbursement this Period						
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Office Sought: House Disburser	ment For:				334.73					
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B. McDonald's		Date of Disbursement 10 12 2016								
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 32 OF								
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	· ·	only one) 21b 2	o [23	☐ 26	27			
	Detailed	Summary Page			2 3b	28c	29	30b			
Any information copied from such Reports and Stater	nents may	not be sold or use	ed by any p	person for	the pu	irpose o	of soliciting	ng contributi	ions		
or for commercial purposes, other than using the nan	ne and add	ress of any politica	al committe	e to solicit	contr	ibutions	from su	ch committe	e.		
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC											
Full Name (Last, First, Middle Initial)				2							
A. United States Postal Service				M	e of L)isburse / 2	D /	2016	Y		
Mailing Address					19	2.	2	2016			
,	State	Zip Code		FEG	Iden	tificatior	Numbe	r			
Purpose of Disbursement Other				C							
Candidate Name	Category/								eriod		
Office Sought: House Disburser	Sought: House Disbursement For:								7		
Senate President											
State: District:				×	Mem	o Item					
Full Name (Last, First, Middle Initial) B. Williams, Petrina, , ,	Dat										
	Mailing Address 1200 New Hampshire Ave NW Ste 750							2016			
City Washington	State DC	Zip Code 20036		FEG	Iden	tificatior	Numbe	r			
Purpose of Disbursement Mileage		25555		C							
Candidate Name			Category/ Type	Am	1B.6716.1 ment this P	eriod					
Office Sought: House Disburser Senate	nent For: Primary	General		ΠL	106.40						
President State: District:	Other (spe			×	Mem	o Item					
Full Name (Last, First, Middle Initial) C.				Dat	o of C	Disburse	ment				
					M	/ D		Y Y Y Y	Υ		
Mailing Address						L.	_		_		
City	State	Zip Code		FEG	Iden	tificatior	n Numbe	r			
Purpose of Disbursement	C										
Candidate Name			Category/ Type	Amount of Each Disbursement this Period					'eriod		
Office Sought: House Disburser Senate	nent For:	General	- 7 5	\neg \Box		7		1 45			
President State: District:	Other (spe				Mem	o Item					
Side District.						-	-		_		
SUBTOTAL of Disbursements This Page (optional)			······)	<u> </u>		7		0.0	0		
TOTAL This Period (last page this line number only)							-	125586.8	2		

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 33
FOR LINE NUMBER: (check only one)

9 **X** 10

66

OF

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Existing Loan owed to SBA Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington DC 20036 Transaction ID: SD10.4157 Outstanding Balance Beginning This Period 10500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 10500.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Loan for FEC Reporting Services Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington 20036 Outstanding Balance Beginning This Period Transaction ID: SD10.4110 5000.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 5000.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailings Expense Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington DC 20036 Outstanding Balance Beginning This Period Transaction ID: SD10.4318 5204.43 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 5204.43 20704.43 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 34 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

66

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original transactions put on SBA CC Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington DC 20036 Transaction ID: SD10.6625 Outstanding Balance Beginning This Period 8610.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8610.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Expense put on SBA CC Susan B Anthony List, Inc. Mailing Address 1200 New Hampshire Ave NW Ste 750 City State Zip Code Washington 20036 Outstanding Balance Beginning This Period Transaction ID: SD10.6756 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4709.73 4709.73 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 13319.73 1) SUBTOTALS This Period This Page (optional)..... 34024.16 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) 34024.16 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 35 OF 66				
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X				
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼				
				C C00530766				
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y				
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination				
Alaska Air				10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address Po Box 68900	Amo	Amount						
City	State	Zip Code		119.10				
Seattle	WA	98168		saction ID : SE.6679 of Disbursement or Obligation				
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/- estimate	17, reported	Category/ Type 002		10 15 2016				
Name of Federal Candidate:		X Support	Office Soug	ht: House District:				
LEE, MIKE, , ,		Oppose	Presid	dent Senate State: UT				
Calendar Year-To-Date Per Election for Office Sought	7	119.10	Disburseme	ent For: Primary				
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination				
Alaska Air				M M / D D / Y Y Y Y				
Mailing Address				10 15 2016				
Po Box 68900			Amo	unt				
City	State	Zip Code		119.10				
Seattle	WA	98168		nsaction ID : SE.6682 of Disbursement or Obligation				
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10 estimate)/17, reported	Category/ Type 002		10 / 15 / 2016				
Name of Federal Candidate:		x Support	Office Soug	ht: X House District: 04				
LOVE, MIA, , ,		Oppose	Presid	dent Senate State: UT				
Calendar Year-To-Date		6344.78	Disburseme	ent For: Primary Seneral				
Per Election for Office Sought	7-1-1-7		2010	Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	s			238.20				
(a) SUBTOTAL of Unitemized Independent Expenditure	res		· [
(a) TOTAL Independent Expenditures			•					
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized							
Buchanan, Emily, , ,	[Electronically Fil	led1	M = M /	D D / Y Y Y Y Y Y				
Signature	при	Date	9 05	17 2017				

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES				PAGE 36 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766
				C 000000700
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
American Airlines				10 15 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1101 17th NW			Amou	unt
#600			Amou	
City	State	Zip Code		180.60
Washington	DC	20036		saction ID : SE.6704 of Disbursement or Obligation
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/	17	Category/ Type 002		M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Name of Federal Candidate:		X Support	Office Soug	ht: House District:
LEE, MIKE, , ,		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	14302.70	Disburseme	ent For: Primary
Full Name of Payee		Memo		of Public Distribution/Dissemination
American Airlines				M M / D D / Y Y Y Y
Mailing Address 1101 17th NW				10 15 2016
#600			Amo	unt
City	State	Zip Code		180.60
Washington	DC	20036		nsaction ID : SE.6706 of Disbursement or Obligation
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10	/17	Category/ Type 002		M 10 / D D / Y Y Y Y Y Y 2016
Name of Federal Candidate:		✗ Support	Office Soug	ht: K House District: 04
LOVE, MIA, , ,		Oppose	Presid	dent Senate State: UT
Calendar Year-To-Date		20528.37	Disburseme	ent For: Primary Seneral
Per Election for Office Sought	7	20328.31	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				361.20
(a) SUBTOTAL of Unitemized Independent Expenditure	res		· •	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
Buchanan, Emily, , ,	[Electronically File	ed1 _	M = M /	D D / Y Y Y Y Y
Signature		_ Date	e 05	17 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 37 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766
				C C00330700
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
American Marketing & Publishing				10 05 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7380 Sprout Springs Rd			Amo	unt
Ste 210-248		,	AIIIO	
City	State	Zip Code		0.00
Flowery Branch	GA	30542	I	of Disbursement or Obligation
Purpose of Expenditure Door Hangers		Category/ Type 006	5	M 10
Name of Federal Candidate:		Support	Office Soug	ht: House District:
MURPHY, PATRICK E, , ,		X Oppose	Presid	
Calendar Year-To-Date		35217.40	Disburseme	ent For: Primary General
Per Election for Office Sought	7-1-1-7-	502.11.10		Other (specify)
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
American Marketing & Publishing				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7380 Sprout Springs Rd			٨٣٥	unt
Ste 210-248			Amo	uni
City	State	Zip Code		3081.25
Flowery Branch	GA	30542		nsaction ID : SE.6513 of Disbursement or Obligation
Purpose of Expenditure Door Hangers-OH		Category/ 006		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Type 000		للنتا لتا لتا
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	dent Senate State:
Calendar Year-To-Date		197913.50	Disburseme	ent For: Primary General
Per Election for Office Sought	7 1 1		2010	Other (specify) ▶
			_	
(a) SUBTOTAL of Itemized Independent Expenditures			• •	3081.25
(a) SUBTOTAL of Unitemized Independent Expenditur	ros			
(a) SOBTOTAL OF OTHER INIZER INDEPENDENT EXPENDITURE	65		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically File	led1 _	M = M /	D D / Y Y Y Y Y
Signature		Date	e 05	17 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 38 OF 66 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	-M / D -D / Y -Y -Y
Full Name of Payee American Marketing & Publishing		☐ Memo		of Public Distribution/Dissemination
Mailing Address 7380 Sprout Springs Rd			Amou	
Ste 210-248 City	State	Zip Code		3081.25
Flowery Branch	GA	30542		action ID : SE.6515 of Disbursement or Obligation
Purpose of Expenditure Door Hangers		Category/ Type 006	M	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	t: House District:
STRICKLAND, TED, , ,		x Oppose	Preside	ent State: OH
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	49558.03	Disbursemen 2016 O	t For:
Full Name of Payee		☐ Memo	Item Date of	of Public Distribution/Dissemination
American Marketing & Publishing			M	10 05 7 2016
Mailing Address 7380 Sprout Springs Rd			Amour	nt
Ste 210-248 City	State	Zip Code		6805.38
Flowery Branch	GA	30542	I	saction ID : SE.6519 of Disbursement or Obligation
Purpose of Expenditure Door Hangers		Category/ Type 006	M	10 05 2016
Name of Federal Candidate:		Support	Office Sough	t: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	204718.88	Disbursemen 2016	t For: Primary ✗ General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [9886.63
(a) SUBTOTAL of Unitemized Independent Expenditur	es		. .	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Buchanan, Emily, , ,	Electronically Fil	[ed]	M M /	17 2017
Signature		_ Date	9 05	17 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 39 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
American Marketing & Publishing				10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7380 Sprout Springs Rd			Amo	unt
Ste 210-248			741.0	
City	State	Zip Code		6805.38
Flowery Branch	GA	30542		saction ID : SE.6747 of Disbursement or Obligation
Purpose of Expenditure Door Hangers- Florida		Category/ Type 006		M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ght: House District:
MURPHY, PATRICK E, , ,		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7	42022.78	Disburseme	ent For: Primary X General Other (specify) ▶
Full Name of Payee		Memo		of Public Distribution/Dissemination
American Marketing & Publishing		Wemo		M M / D D / Y Y Y Y
Mailing Address 7380 Sprout Springs Rd			— I	10 14 2016
Ste 210-248			Amo	unt
City	State	Zip Code		3081.25
Flowery Branch	GA	30542		nsaction ID : SE.6553 of Disbursement or Obligation
Purpose of Expenditure Door Hangers- MO		Category/ 006		10 14 2016
		Type 000		للننبا لبا لت
Name of Federal Candidate:		Support	Office Soug	ght: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	dent Senate State:
Calendar Year-To-Date		212163.86	Disburseme	ent For: Primary General
Per Election for Office Sought	7-1-1-7-		2010	Other (specify) ▶
(a) SUPTOTAL of Itomized Independent Evpanditures				0006 62
(a) SUBTOTAL of Itemized Independent Expenditures			•	9886.63
(a) SUBTOTAL of Unitemized Independent Expenditure	res		· • [7 1 7 1 7
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically File	ledl _	M = M /	7 D D / Y Y Y Y Y Y Y
Signature		Date	e 05	17 2017

TEMIZED INDEPENDENT EXPENDITURES	ı			PAGE 40 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C. C00530766
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
American Marketing & Publishing				10 14 2016
Mailing Address 7380 Sprout Springs Rd			An	nount
Ste 210-248				
City	State	Zip Code	L	3081.25
Flowery Branch	GA	30542		ansaction ID : SE.6555 te of Disbursement or Obligation
Purpose of Expenditure Door Hangers- MO		Category/ Type 006		10 14 2016
Name of Federal Candidate:		Support	Office So	ught: House District:
KANDER, JASON, , ,		X Oppose		esident Senate State: MO
Calendar Year-To-Date		7444.98	Disbursen	ment For: Primary X General
Per Election for Office Sought	7 7	744.00	2010	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
Campaign Graphics				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1229 N. Wakonda Street				
			Arr	nount
City	State	Zip Code		423.48
Flagstaff	AZ	86004		ransaction ID : SE.6672 te of Disbursement or Obligation
Purpose of Expenditure T-Shirts		Category/ 006		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Type 000		
Name of Federal Candidate:		Support	Office So	ught: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Pre	sident Senate State:
Calendar Year-To-Date		250837.34	Disbursen	ment For: Primary X General
Per Election for Office Sought	7 7	200007.01	2016	Other (specify) ▶
			_	
(a) SUBTOTAL of Itemized Independent Expenditures	3		· •	3504.73
(a) OUDTOTAL of Unitersity of Index on death Francoillian				
(a) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
(a) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	led1	M = M	/ D D / Y Y Y Y
Signature	[Electronically 1 to	Date	e 05	17 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 41 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Campaign Graphics				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1229 N. Wakonda Street				
			An	nount
City	State	Zip Code		423.48
Flagstaff	AZ	86004		ansaction ID : SE.6673 ate of Disbursement or Obligation
Purpose of Expenditure T-Shirts- MO		Category/ Type 006		10 17 2016
Name of Federal Candidate:		Support	Office So	ought: House District:
KANDER, JASON, , ,		× Oppose	Pre	esident X Senate State: MO
Calendar Year-To-Date		45000 40	Disburser	ment For: Primary X General
Per Election for Office Sought	7 7	45368.46	2016	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Campaign Graphics				10 17 2016
Mailing Address 1229 N. Wakonda Street				
			An	nount
City	State	Zip Code		423.48
Flagstaff	AZ	86004		ransaction ID : SE.6674 ate of Disbursement or Obligation
Purpose of Expenditure T-Shirts- FL		Category/ 006		10 17 2016
. S.i.i.e . 2		Type 000		10 17 2010
Name of Federal Candidate:		Support	Office So	ought: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Pre	esident Senate State:
Calendar Year-To-Date		251260.82	Disburser	ment For: Primary X General
Per Election for Office Sought	7 7	201200.02	2016	Other (specify) ▶
			_	
(a) SUBTOTAL of Itemized Independent Expenditures	;		· •	846.96
() 0117771				
(a) SUBTOTAL of Unitemized Independent Expenditu	res		. ▶ _	
(a) TOTAL Independent Expenditures				
			_	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	led1 _	M = M	/ D=D / Y=Y=Y=Y
Signature	[Electronically 1 to	Date	e 05	17 2017

PAGE 42 OF 66 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ WOMEN SPEAK OUT PAC C00530766 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee Campaign Graphics 17 2016 Mailing Address 1229 N. Wakonda Street Amount State Zip Code 423.48 City Flagstaff ΑZ 86004 Transaction ID: SE.6675 Date of Disbursement or Obligation Purpose of Expenditure Category/ T-Shirts-FL 006 17 2016 Type Name of Federal Candidate: Support Office Sought: House District: MURPHY, PATRICK E, , , FL Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 43196.26 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item **Delta Airlines** 2016 15 10 Mailing Address 1030 Delta Blvd Amount 1398.85 City State Zip Code Transaction ID: SE.6684 Atlanta GA 30354 Date of Disbursement or Obligation Purpose of Expenditure Category/ Actual Airfare for canvassing deployment 10/15-10/17, reported 002 15 2016 10 Type estimate Name of Federal Candidate: x Support Office Sought: House District: LEE, MIKE, , , UT Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 1517.95 2016 Per Election for Office Sought Other (specify) ▶ 1822.33 (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Buchanan, Emily, , , [Electronically Filed] 17 2017 Date Signature

TEMIZED INDEPENDENT EXPENDITURES	•			PAGE 43 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼
TO MERCON EXITOR TO THE				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Delta Airlines				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1030 Delta Blvd			Am	ount
City	State	Zip Code	— F	1398.85
Atlanta	GA	30354		nsaction ID : SE.6686 e of Disbursement or Obligation
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/ estimate	/17, reported	Category/ Type 002		10 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sou	ight: X House District:04
LOVE, MIA, , ,		Oppose	Pres	sident Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	4 1 4	7743.63	Disbursem 2016	ent For:
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Enterprise Rent a Car				10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 843 State Street				
0.0000000000000000000000000000000000000			Am	ount
City	State	Zip Code		1626.07
Salt Lake City	UT	84111		ensaction ID : SE.6687 e of Disbursement or Obligation
Purpose of Expenditure Rental cars for canvassing deployment 10/15-10/2 reported as \$2000	17, originally	Category/ Type 002		10 / 15 / 2016
Name of Federal Candidate:		x Support	Office Sou	ight: House District:
LEE, MIKE, , ,		Oppose	Pres	sident X Senate State: UT
Calendar Year-To-Date		3144.02	Disbursem	ent For: Primary Seneral
Per Election for Office Sought	7 7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S			3024.92
(a) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	•		•
Buchanan, Emily, , ,	[Flastnowicall. F:	ladi	M = M	/ D D / Y T Y T Y
Signature	[Electronically Fil	Date	9 05	17 2017
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TEMIZED INDEPENDENT EXPENDITURES	3			PAGE 44 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Enterprise Rent a Car				10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 843 State Street			Amou	ınt
City	State	Zip Code		1626.07
Salt Lake City	UT	84111	I	saction ID : SE.6689 of Disbursement or Obligation
Purpose of Expenditure Remtal cars for canvassing deployment 10/15-10/1 reported as 2000	7, originally	Category/ Type 002		M 10 / D D / Y Y Y Y Y Y 2016
Name of Federal Candidate:		X Support	Office Soug	ht: X House District: 04
LOVE, MIA, , ,		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7 7	9369.70	Disbursement 2016	nt For: Primary
Full Name of Payee		Memo		of Public Distribution/Dissemination
Hampton Inn		_		M M / D D / Y Y Y Y
Mailing Address				10 15 2016
250 North Andrews Ave			Amou	ınt
City	State	Zip Code		750.00
Fort Lauderdale	FL	33301	I	saction ID : SE.6676 of Disbursement or Obligation
Purpose of Expenditure Lodging 10/15-10/17		Category/ Type 002		10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		Cupport Oppose	Y Presid	
2		W SPFSSS	Disbursemen	
Calendar Year-To-Date Per Election for Office Sought		212913.86	2016 —	
				Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditure	S		· [2376.07
(a) SUBTOTAL of Unitemized Independent Expenditu	ures		· [
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized	•		•
Buchanan, Emily, , ,	(Electronic II E	adl	M = M /	D D / Y Y Y Y Y
Signature	[Electronically Fil	eaj Date	9 05	17 2017

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ WOMEN SPEAK OUT PAC C00530766 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee Hampton Inn 10 15 2016 Mailing Address 250 North Andrews Ave Amount State Zip Code 750.00 City FL 33301 Transaction ID: SE.6678 Fort Lauderdale Date of Disbursement or Obligation Purpose of Expenditure Category/ Lodging 10/15-10/17 002 10 15 2016 Type Name of Federal Candidate: Support Office Sought: House District: MURPHY, PATRICK E, , , FL Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 42772.78 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item **Headway Workforce Solutions** 01 2016 10 Mailing Address 421 Fayetteville St #1020 Amount 60493.39 City State Zip Code Transaction ID: SE.6452 Raleigh NC 27601 Date of Disbursement or Obligation Purpose of Expenditure Category/ Payroll Estimate for FL Canvassers 10/1-10/19 002 2016 01 10 Type Name of Federal Candidate: Support Office Sought: House District: CLINTON, HILLARY RODHAM, , , Oppose X **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 68971.25 2016 Per Election for Office Sought Other (specify) ▶ 61243.39 (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures..... (a) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Buchanan, Emily, , , [Electronically Filed] 05 17 2017 Date Signature

PAGE

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OF

66

TEMIZED INDEPENDENT EXPENDITURES				PAGE 46 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		1 M / D D / Y Y Y Y
Full Name of Payee Headway Workforce Solutions		☐ Memo	TOTAL STATE	of Public Distribution/Dissemination
Mailing Address 421 Fayetteville St #1020			Amou	
City	State	Zip Code	— I Г	60493.39
Raleigh	NC	27601		saction ID : SE.6454 of Disbursement or Obligation
Purpose of Expenditure Payroll Estimate for FL Canvassers 10/1-10/19		Category/ Type 002		10 / 01 / 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:
MURPHY, PATRICK E, , ,		X Oppose	x Presid	
Calendar Year-To-Date Per Election for Office Sought	, , ,	129464.64	Disbursemen 2016	nt For: Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions			Г	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020				
			Amou	int
City	State	Zip Code		4153.84
Raleigh	NC	27601	I	saction ID : SE.6456 of Disbursement or Obligation
Purpose of Expenditure Mileage Estimate for FL Canvassers 10/1-10/26, or reported \$7500 as an estimat	iginally	Category/ Type 002		10 / D1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	133618.48	Disbursement 2016	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			.	64647.23
(a) SUBTOTAL of Unitemized Independent Expenditure	es		· [
(a) TOTAL Independent Expenditures			· [7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidar party committee) any political party committee or its a	te or authorized			
Buchanan, Emily, , ,	Electronically File	[ed]	M M /	17 2017
Signature		_ Date	9 05	17 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 47 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions			l l	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020				
			Amou	nt
City	State	Zip Code		4153.84
Raleigh	NC	27601	I	saction ID: SE.6458 of Disbursement or Obligation
Purpose of Expenditure Mileage Estimate for FL Canvassers 10/1-10/26, ori reported \$7500 as an estimate	ginally	Category/ Type 002		10 01 2016
Name of Federal Candidate:		Support	Office Sough	nt: House District:
MURPHY, PATRICK E, , ,		x Oppose	Presid	
Calendar Year-To-Date			Disbursemer	nt For: Primary X General
Per Election for Office Sought		4153.84	2016	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions			l r	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020				10 01 2010
4211 dychovino ot #1020			Amou	nt
City	State	Zip Code		33920.95
Raleigh	NC	27601		saction ID : SE.6464 of Disbursement or Obligation
Purpose of Expenditure Payroll estimate for Canvassers 10/1-10/296, origin \$69857.81 as an estimate	nally reported	Category/ Type 001		10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	nt: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	ent Senate State:
Calendar Year-To-Date		167520 42	Disbursemer	nt For: Primary 🗶 General
Per Election for Office Sought	<u></u>	167539.43	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		· •	38074.79
(a) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(a) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
Buchanan, Emily, , ,	[Electronically Fil	led1 _	M = M /	D D / Y Y Y Y Y
Signature		Date	e 05	17 2017

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NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X		
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼		
				C C00530766		
Check if 24-hour report 48-hour report	New repo	ort Amends re	port filed	on M M / D D / Y Y Y Y Y		
Full Name of Payee Headway Workforce Solutions		☐ Mem	no Item	Date of Public Distribution/Dissemination		
Mailing Address				10 / 01 / 2016		
421 Fayetteville St #1020				Amount		
City	State	Zip Code		33920.95		
Raleigh	NC	27601		Transaction ID : SE.6466 Date of Disbursement or Obligation		
Purpose of Expenditure Payroll estimate for Canvassers 10/1-10/296, origina \$69857.81 as an estimate	ally reported	Category/ Type 0	001	10 01 7 2016		
Name of Federal Candidate:		Support	Office	e Sought: House District:		
ROSS, DEBORAH K, , ,		x Oppose		President Senate State:		
Calendar Year-To-Date Per Election for Office Sought		38074.79	Disbu 2016	ursement For:		
Full Name of Payee			no Item	Date of Public Distribution/Dissemination		
Headway Workforce Solutions				10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 421 Fayetteville St #1020				Amount		
City	State	Zip Code		5896.94		
Raleigh	NC	27601		Transaction ID : SE.6468 Date of Disbursement or Obligation		
Purpose of Expenditure Mileage estimate for Canvassers 10/1-10/26, origin as \$9375 as an esimate	nally reported	Category/ Type 0	002	10 01 2016		
Name of Federal Candidate:		Support	Office	e Sought: House District:		
CLINTON, HILLARY RODHAM, , ,		x Oppose	X	President Senate State:		
Calendar Year-To-Date		173436.37		ursement For: Primary 🗶 General		
Per Election for Office Sought	7 7		2016	Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			····· >	39817.89		
(a) SUBTOTAL of Unitemized Independent Expenditure	res		···· •			
(a) TOTAL Independent Expenditures			···· •			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•		
Buchanan, Emily, , ,	[Electronically Fil	led]	ate 0)5 17 2017		
Signature		_	ale 0	2011		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 49 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766
				O constant
Check if 24-hour report 48-hour report	New repo	ort Amends repo		/ D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions			Г	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020				
			Amou	ınt
City	State	Zip Code		5896.94
Raleigh	NC	27601		saction ID : SE.6470 of Disbursement or Obligation
Purpose of Expenditure Mileage estimate for Canvassers 10/1-10/26, origina as \$9375 as an esimate	ally reported	Category/ Type 002		M M / O1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
ROSS, DEBORAH K, , ,		x Oppose	Presid	dent Senate State:
Calendar Year-To-Date			Disburseme	nt For: Primary Seneral
Per Election for Office Sought	, ,	43971.73	2016	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions				10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020				10 01 2010
4211 dychovino ot #1020			Amou	ınt
City	State	Zip Code		15520.20
Raleigh	NC	27601		saction ID : SE.6474 of Disbursement or Obligation
Purpose of Expenditure Payroll estimate for canvassers 10/1-10/26, original	ally estimated	Category/ Type 001		10 01 2016
as 30843.75 Name of Federal Candidate:				
CLINTON, HILLARY RODHAM, , ,		Support	Office Soug	
OLINTON, THELANT NOBILAWI, , ,		x Oppose	X Presid	
Calendar Year-To-Date Per Election for Office Sought		188956.57	Disbursemer	,
To Elocation for Called Codgini	7 7			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	;		• •	21417.14
(a) SUBTOTAL of Unitemized Independent Expenditure	res			
(a, 002 10 11 a c c 11 a 11 a 12 a 12 a 12 a 12 a				
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	led1	M = M /	D D / Y Y Y Y Y
Signature	Electronically Fit	Date	e 05	17 2017

TEMIZED INDEPENDENT EXPENDIT	URES		PAGE 50 OF 66
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC			
			C C00530766
Check if 24-hour report 48-hour report	ort New repo	ort Amends repo	ort filed on
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
Headway Workforce Solutions			10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Amount
City	State	Zip Code	0.00
Raleigh	NC	27601	Transaction ID : SE.6475 Date of Disbursement or Obligation
Purpose of Expenditure Payroll estimate for canvassers 10/1-10/19		Category/ Type 001	M M / D D / Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	1 1 1 1	188956.57	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
Headway Workforce Solutions			10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Amazini
			Amount
City	State	Zip Code	15520.20
Raleigh	NC	27601	Transaction ID : SE.6477 Date of Disbursement or Obligation
Purpose of Expenditure Payroll estimate for canvassers 10/1-10/26 as 30843.75	, originally estimated	Category/ Type 001	M M / D D / Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
STRICKLAND, TED, , ,		x Oppose	President Senate State: OH
Calendar Year-To-Date		40601.10	Disbursement For: Primary X General
Per Election for Office Sought		40001.10	2016 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expertable (a) SUBTOTAL of Unitemized Independent Ex			
(a) SOBTOTAL OF OTHER INICEPERIOR IN	perialitares		
(a) TOTAL Independent Expenditures			•
	candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Buchanan, Emily, , ,	[Floatmania III. Til	adl	M = M / D = D / Y = Y = Y
Signature	[Electronically Fil	eaj Date	9 05 17 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 51 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions			l n	10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020				
			Amou	
City	State	Zip Code		1396.88
Raleigh	NC	27601		saction ID : SE.6479 of Disbursement or Obligation
Purpose of Expenditure Mileage estimate for canvassers 10/1-10/19, origina as \$3750 as an estimate	ally reported	Category/ Type 002		10 01 7 2016
Name of Federal Candidate:		Support	Office Sough	nt: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	x Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	190353.45	Disbursemen 2016	nt For: Primary
Full Name of Payee		☐ Memo	1	of Public Distribution/Dissemination
Headway Workforce Solutions		_	1	M M / D D / Y Y Y Y
Mailing Address 421 Fayetteville St #1020			L	10 01 2016
421 Fayetteville St #1020			Amou	nt
City	State	Zip Code		1396.88
Raleigh	NC	27601		saction ID : SE.6481 of Disbursement or Obligation
Purpose of Expenditure Mileage estimate for canvassers 10/1-10/19, origin as \$3750 as an estimate	ally reported	Category/ Type 002		10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	nt: House District:
STRICKLAND, TED, , ,		x Oppose	Preside	ent Senate State: OH
Calendar Year-To-Date		41997.98	Disbursemer	nt For: Primary K General
Per Election for Office Sought	7 7	41997.30	2016 C	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			. •	2793.76
(a) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
Buchanan, Emily, , ,	[Electronically Fil	led1 D.	M = M /	17 / Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 05	17 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 52 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Headway Workforce Solutions				10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Amo	punt
City	State	Zip Code		392.50
Raleigh	NC	27601		nsaction ID : SE.6493 e of Disbursement or Obligation
Purpose of Expenditure Payroll for canvassers 10/1-10/26, originally reporte 20133.51 as a projection	d as	Category/ Type 001		10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: X House District: 04
OWENS, H DOUGLAS, , ,		X Oppose	Pres	ident Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	5741.28	Disbursem 2016	ent For:
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Headway Workforce Solutions				M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 421 Fayetteville St #1020			Amo	ount
				
City	State	Zip Code		392.50
Raleigh	NC	27601	I	Insaction ID : SE.6495 e of Disbursement or Obligation
Purpose of Expenditure Payroll for canvassers 10/1-10/26, originally report 20133.51 as a projection	ed as	Category/ Type 001		10 01 7 2016
Name of Federal Candidate:		x Support	Office Sou	ght: 📕 House District:04
LOVE, MIA, , ,		Oppose	Pres	ident Senate State: UT
Calendar Year-To-Date		0422.70	Disbursem	ent For: Primary K General
Per Election for Office Sought	7 7	6133.78	2016	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditure				785.00
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	adl	M = M	/ D D / Y Y Y Y Y
Signature	ъсснописану Е и	eaj Date	e 05	17 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 53 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions				10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020				
			Amo	unt
City	State	Zip Code		45.95
Raleigh	NC	27601		saction ID : SE.6497 of Disbursement or Obligation
Purpose of Expenditure Mileage for canvassers 10/1-10/26, originally reports \$4687.50 as an estimate	ed as	Category/ Type 002		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Soug	ght: X House District: 04
LOVE, MIA, , ,		Oppose	Presi	dent Senate State: UT
Calendar Year-To-Date		0.170.70	Disburseme	ent For: Primary Seneral
Per Election for Office Sought	7-1-1-7	6179.73	2016	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020				10 01 2010
,			Amo	unt
City	State	Zip Code		45.95
Raleigh	NC	27601		nsaction ID : SE.6499 of Disbursement or Obligation
Purpose of Expenditure Mileage for canvassers 10/1-10/26, originally report	rtod as	Category/		M M / D D / Y Y Y
\$4687.50 as an estimate	ileu as	Type 002		10 01 2016
Name of Federal Candidate:		Support	Office Soug	ght: X House District: 04
OWENS, H DOUGLAS, , ,		x Oppose	Presi	dent Senate State: UT
Calendar Year-To-Date		6225.68	Disburseme	ent For: Primary X General
Per Election for Office Sought	7 7	0223.08	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		•	91.90
(a) SUBTOTAL of Unitemized Independent Expenditure	res		• •	
(a) TOTAL Independent Expenditures				
(4, 10112				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		·
Buchanan, Emily, , ,	[Electronically Fil	led1	M = M /	17 / Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 05	17 2017

TEMIZED INDEFENDENT EXPENDITORE	.5			PAGE 54 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼
WOWLING LAIR OUT TAG				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Dat	te of Public Distribution/Dissemination
Headway Workforce Solutions				10 08 2016
Mailing Address 421 Fayetteville St #1020			Am	ount
City	State	Zip Code	— F	4295.63
Raleigh	NC	27601	I	ansaction ID : SE.6530 te of Disbursement or Obligation
Purpose of Expenditure Payroll estimate for canvassers 10/8-10/26		Category/ Type 001		10 08 2016
Name of Federal Candidate:		Support	Office Soi	ught: House District:
KANDER, JASON, , ,		X Oppose		sident Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		4295.63	Disbursen 2016	nent For: ☐ Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Dat	te of Public Distribution/Dissemination
Headway Workforce Solutions				10 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Am	ount
City	State	Zip Code		68.10
Raleigh	NC	27601	I	ansaction ID : SE.6533 te of Disbursement or Obligation
Purpose of Expenditure Mileage estimate for canvassers 10/8-10/10		Category/ Type 002		10 08 7 2016
Name of Federal Candidate:		Support	Office Soi	ught: House District:
KANDER, JASON, , ,		x Oppose	Pre	sident Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		4363.73	Disbursen 2016	nent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	res			4363.73
(a) SUBTOTAL of Unitemized Independent Expend	itures		• •	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	lidate or authorized	•		•
Buchanan, Emily, , ,	[Electronically Fil	led] Date	e 05	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Date		لحضيا ليبا

TEMIZED INDEPENDENT EXPENDITURES				PAGE 55 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766
				O disserte
Check if 24-hour report 48-hour report	New repo	ort Amends repo		/ D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions				10 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Amou	unt
City	State	Zip Code	— I [0.00
Raleigh	NC	27601		saction ID : SE.6523
Purpose of Expenditure Payroll estimate for canvassers		Category/ Type 001		of Disbursement or Obligation 10 09 2016
Name of Federal Candidate:			Office Cour	Using District
CLINTON, HILLARY RODHAM, , ,		Support Oppose	Office Sough	
Colondor Voor To Data		A -FF	Disbursemen	
Calendar Year-To-Date Per Election for Office Sought		204718.88	2016	Other (specify)
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions				10 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Amou	
			Amou	
City	State	Zip Code	Tran	0.00 nsaction ID : SE.6525
Raleigh	NC	27601	I	of Disbursement or Obligation
Purpose of Expenditure Mileage estimate for canvassers		Category/ Type 002		M 10
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	dent Senate State:
Calendar Year-To-Date		204718.88	Disbursemer	nt For: Primary Seneral
Per Election for Office Sought	7 1 1		2010	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	;			0.00
(a) SUBTOTAL of Unitemized Independent Expenditur	'es		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically File	ledl _	M M /	D D / Y Y Y Y Y
Signature		Date	e 05	17 2017

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 56 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions			[10 09 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Amou	unt
City	State	Zip Code	$\dashv \sqcap$	0.00
Raleigh	NC	27601		saction ID : SE.6542 of Disbursement or Obligation
Purpose of Expenditure Payroll estimate for canvassers 10/9-10/31		Category/ Type 001		10 09 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		X Oppose	x Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	204718.88	Disburseme	nt For:
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Amou	unt
	To	I =		
City Raleigh	State	Zip Code 27601	I	0.00 nsaction ID : SE.6544
Purpose of Expenditure Payroll estimate for canvassers 10/9-10/31		Category/ Type 001		of Disbursement or Obligation M M / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
KANDER, JASON, , ,		Oppose	Presid	
Calendar Year-To-Date		4363.73	Disburseme	nt For: Primary General
Per Election for Office Sought	7 7		2016	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures				0.00
(a) SUBTOTAL of Unitemized Independent Expenditure	res		. •	
(a) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	Electronically Fil	led]	M = M /	
Signature	лишу Ги	_ Date	e 05	17 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 57 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020				
			Amou	unt
City	State	Zip Code		4295.63
Raleigh	NC	27601		saction ID : SE.6546 of Disbursement or Obligation
Purpose of Expenditure Mileage estimate for canvassers 10/9-10-26		Category/ Type 002		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	x Presid	
Calendar Year-To-Date			Disburseme	ent For: Primary Seneral
Per Election for Office Sought	7	209014.51	2016	Other (specify) ▶
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions			ı	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			L	10 03 2010
4211 dyelleville of #1020			Amo	unt
City	State	Zip Code		0.00
Raleigh	NC	27601		nsaction ID : SE.6548 of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y
Mileage estimate for canvassers 10/9-10-31		Type 002		10 09 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:
KANDER, JASON, , ,		x Oppose	Presid	dent Senate State: MO
Calendar Year-To-Date		4363.73	Disburseme	ent For: Primary X General
Per Election for Office Sought	7	4505.75	2016	Other (specify) ▶
			_	
(a) SUBTOTAL of Itemized Independent Expenditures	;		· >	4295.63
() () () () () () () () () ()				
(a) SUBTOTAL of Unitemized Independent Expenditure	res		• 📙	
(a) TOTAL Independent Expenditures				
				7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
Buchanan, Emily, , ,	[Electronically Fil	led1 _	M = M /	D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 05	17 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 58 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions			l r	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 421 Fayetteville St #1020			Amou	unt
City	State	Zip Code	$ \Gamma$	68.10
Raleigh	NC	27601		saction ID : SE.6750 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type		M M / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		Oppose	✗ Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 7	209082.61	Disburseme 2016	ent For: Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Hilton Garden Inn				10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3232 Olentangy Riover Rd			Amou	unt
	10: .	T-7: 0 1		3750.00
City Columbus	State	Zip Code 43202		nsaction ID : SE.6488 of Disbursement or Obligation
Purpose of Expenditure Lodging expenses for canvassers		Category/ Type 002		10 01 / 2016
Name of Federal Candidate:		Support	Office Soug	ht: House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 7	194832.25	Disburseme 2016	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	;		• [3818.10
(a) SUBTOTAL of Unitemized Independent Expenditure	res		· •	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	[Electronically Fil	led1 -	M = M /	D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 05	17 2017

TEMIZED INDEPENDENT EXPENDITURE	ES			PAGE 59 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Hilton Garden Inn				10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3232 Olentangy Riover Rd			Amo	unt
City	State	Zip Code		3750.00
Columbus	ОН	43202	I	saction ID : SE.6490 of Disbursement or Obligation
Purpose of Expenditure Travel Expenses		Category/ Type 002		M 10
Name of Federal Candidate:		Support	Office Soug	ght: House District:
STRICKLAND, TED, , ,		X Oppose	Presi	dent Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	.,,	46476.78	Disburseme	ent For: Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Orbitz				M M / D D / Y Y Y Y Y Y Y 10 10 15 2016
Mailing Address 500 W. Madison St				10 10 2010
Suite 1000			Amo	unt
City	State	Zip Code		1217.20
Chicago	IL	60661	I	nsaction ID : SE.6691 of Disbursement or Obligation
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15 estimate	-10/17, reported	Category/ Type 002		10 / 15 / 2016
Name of Federal Candidate:		✗ Support	Office Soug	ght: House District:
LEE, MIKE, , ,		Oppose	Presi	dent Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		4361.22	Disburseme	
Tel Election for emice cought				Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		· [4967.20
(a) SUBTOTAL of Unitemized Independent Expendent	litures		· [
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Buchanan, Emily, , ,	[Elastmani: -II. E'	lad1	M = M /	
Signature	[Electronically Fil	ed] Date	9 05	17 2017
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TEMIZED INDEPENDENT EXPENDITURES				PAGE 60 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Orbitz				10 15 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 500 W. Madison St			Amou	nt
Suite 1000	State	Zip Code		1217.20
Chicago	IL	60661		action ID : SE.6693
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/estimate	17, reported	Category/ Type 002		of Disbursement or Obligation
Name of Federal Candidate:		Support	Office Sough	nt: X House District: 04
LOVE, MIA, , ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	10586.90	Disbursemer 2016	nt For: Primary X General Other (specify) ▶
Full Name of Payee		Memo		of Public Distribution/Dissemination
Priceline.com		_ weme		M = M / D = D / Y = Y = Y
Mailing Address			L	10 15 2016
800 Conneticut Ave			Amou	nt
City	State	Zip Code	-	4853.60
Norwalk	СТ	06854		saction ID : SE.6695 of Disbursement or Obligation
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10 estimate	0/17, reported	Category/ Type 002		10 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Sough	nt: House District:
LEE, MIKE, , ,		Oppose	Preside	ent Senate State: UT
Calendar Year-To-Date		9214.82	Disbursemer	nt For: Primary 🗶 General
Per Election for Office Sought	7 7	0214.02	²⁰¹⁶	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	S		· [6070.80
(a) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(a) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized	•		
Buchanan, Emily, , ,	[Electronically File	od1	M = M /	D D / Y Y Y Y Y Y
Signature	Laces onwany 1 th	Date	9 05	17 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 61 OF 66
NAME OF COMMITTEE (In Full)			-	FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date of	Public Distribution/Dissemination
Priceline.com			1	
Mailing Address 800 Conneticut Ave			Amount	
City	State	Zip Code		4853.60
Norwalk	СТ	06854		ction ID : SE.6697 Disbursement or Obligation
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/estimate	17, reported	Category/ Type 002	M	0 15 2016
Name of Federal Candidate:		X Support	Office Sought:	■ House District:04
LOVE, MIA, , ,		Oppose	Presiden	t Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	7 7	15440.50	Disbursement 2016 Oth	For: Primary General er (specify)
Full Name of Payee		☐ Memo	Item Date of	Public Distribution/Dissemination
Southwest Airlines				0 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2702 Love Field Dr			Amount	
			Amount	
City Dallas	State	Zip Code	Tranca	372.97 ction ID : SE.6701
	TX	75235		Disbursement or Obligation
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10	/17	Category/ Type 002		0 15 2016
Name of Federal Candidate:		x Support	Office Sought:	₩ House District:04
LOVE, MIA, , ,		Oppose	Presiden	t Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	20347.77	Disbursement 2016 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				5226.57
(a) SUBTOTAL of Unitemized Independent Expenditure	'es		· [_	7
(a) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
Buchanan, Emily, , ,	Electronically Fil	[ed]		17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Date	05	17 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 62 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC			l'i	
				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item Date of	Public Distribution/Dissemination
Southwest Airlines				0 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2702 Love Field Dr			Amount	
City	State	Zip Code		372.97
Dallas	TX	75235		ction ID : SE.6703 Disbursement or Obligation
Purpose of Expenditure Actual Airfare for canvassing deployment 10/15-10/	17	Category/ Type 002		0 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought:	House District:
LEE, MIKE, , ,		Oppose	Presider	state: UT State:
Calendar Year-To-Date Per Election for Office Sought	T T	14122.10	Disbursement 2016 Oth	For: Primary General Primary General
Full Name of Payee		☐ Memo	Item Date of	Public Distribution/Dissemination
The Lukens Company				0 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2800 Shirlington Rd			Amount	
			Amount	
City	State	Zip Code		19689.08
Arlington	VA	22206		ction ID : SE.6635 Disbursement or Obligation
Purpose of Expenditure Mailer		Category/ Type 006		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought:	House District:
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Presider	state:
Calendar Year-To-Date		250413.86	Disbursement	For: Primary General
Per Election for Office Sought	7 7	200410.00	2016 Oth	ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			·	20062.05
(a) SUBTOTAL of Unitemized Independent Expenditur	es		>	7
(a) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	Electronically Fil	odl		D D / Y D Y D Y D Y
Signature	<u> Бъеси опісану Ги</u>	Date	05	17 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 63 OF 66		
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X		
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼		
				C C00530766		
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y		
Full Name of Payee		Memo	Item Date of	of Public Distribution/Dissemination		
The Lukens Company				10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 2800 Shirlington Rd			Amou	nt		
City	State	Zip Code	$-\Gamma$	19689.08		
Arlington	VA	22206		Transaction ID : SE.6637 Date of Disbursement or Obligation		
Purpose of Expenditure Mailer		Category/ Type 006	N	10 17 2016		
Name of Federal Candidate:		Support	Office Sough	t: House District:		
KANDER, JASON, , ,		x Oppose	Preside	ent Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought	7 7	44944.98	Disbursemen 2016	t For:		
Full Name of Payee		☐ Memo	Item Date of	of Public Distribution/Dissemination		
The Mail Haus			N	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1745 Suburban Drive			Amou	nt		
	la					
City De Pere	State Zip Code WI 54115			Transaction ID : SE.6628 Date of Disbursement or Obligation		
Purpose of Expenditure		Category/		of Disbursement of Obligation		
Postage for Mailer		Type 006		10 17 2016		
Name of Federal Candidate:		Support	Office Sough	t: House District:		
CLINTON, HILLARY RODHAM, , ,		x Oppose	X Preside	ent Senate State:		
Calendar Year-To-Date		230724.78	Disbursemen	t For: Primary General		
Per Election for Office Sought	7 7	200.20	²⁰¹⁶	ther (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				37500.00		
(a) SUBTOTAL of Unitemized Independent Expenditures						
(a) TOTAL Independent Expenditures			.			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
Buchanan, Emily, , ,	Electronically F'	adl	M = M /	D D / Y N Y N Y		
Signature	Electronically Fil	<i>eaj</i> Date	9 05	17 2017		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 64 OF 66	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼	
WOMEN SPEAK OUT PAC				C C00530766	
				O constant	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y	
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination	
The Mail Haus				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1745 Suburban Drive			Am	ount	
City	State	Zip Code	— Г	17810.92	
De Pere	WI	54115		Transaction ID : SE.6633 Date of Disbursement or Obligation	
Purpose of Expenditure Postage for mailer		Category/ Type 006		10 17 2016	
Name of Federal Candidate:		Support	Office Sou	light: House District:	
KANDER, JASON, , ,		Coppose Support		sident State: MO	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	25255.90	Disbursem 2016	nent For:	
Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination	
Thrifty Car Rental				10 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 1534 Sunset Blvd					
			Am	ount	
City	State	Zip Code		728.80	
Steubenville	ОН	43952		ansaction ID : SE.6483 e of Disbursement or Obligation	
Purpose of Expenditure Car rental expenses for canvassers, originally estir \$1875	nated for	Category/ Type 002		10 01 / 2016	
Name of Federal Candidate:		Support	Office Sou	ight: House District:	
CLINTON, HILLARY RODHAM, , ,	NTON, HILLARY RODHAM, , ,		X Pres	sident Senate State:	
Calendar Year-To-Date		191082.25	Disbursem	nent For: Primary Seneral	
Per Election for Office Sought	7 7		2016	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures				18539.72	
(a) SUBTOTAL of Unitemized Independent Expenditure	res				
(a) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
Buchanan, Emily, , ,	[Electronically File	led1	M = M	/ D D / Y Y Y Y Y	
Signature		_ Date	e 05	17 2017	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 65 OF 66		
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X		
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼		
				C C00530766		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y		
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination		
Thrifty Car Rental				10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 1534 Sunset Blvd			Am	nount		
City	State	Zip Code	-	728.80		
Steubenville	ОН	43952		ansaction ID : SE.6486 te of Disbursement or Obligation		
Purpose of Expenditure Car rental expenses for canvassers, originally estim \$1875	ated for	Category/ Type 002	2	10 01 2016		
Name of Federal Candidate:		Support	Office So	ught: House District:		
STRICKLAND, TED, , ,		Oppose	Pre	sident Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	42726.78	Disburser 2016	nent For:		
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination		
Town Place Suites				10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 573 High Market Drive						
3			Am	nount		
City	State	Zip Code		4534.31		
West Valley City	UT	84120	I	ansaction ID : SE.6698 te of Disbursement or Obligation		
Purpose of Expenditure Actual Lodging for canvassing deployment 10/15-1 reported estimate	10/17,	Category/ Type 002		10 15 7 2016		
Name of Federal Candidate:		x Support	Office So	ught: House District:		
LEE, MIKE, , ,		Oppose	Pre	sident Senate State: UT		
Calendar Year-To-Date		13749.13	Disburser	nent For: Primary X General		
Per Election for Office Sought	T-1-T-	10740.10	2016	Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditure				5263.11		
(a) TOTAL Independent Expenditures			. •			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
Buchanan, Emily, , ,	[Electronically Fil	adl	M = M	/ D D / Y T Y T Y T Y		
Signature	пысы описану Е н	eaj Date	e 05	17 2017		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 66 OF 66
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee Town Place Suites		☐ Memo		of Public Distribution/Dissemination
Mailing Address 573 High Market Drive			Amou	10 15 2016 nt
City	State	Zip Code	$ \Gamma$	4534.30
West Valley City	UT	84120	I	saction ID : SE.6700 of Disbursement or Obligation
Purpose of Expenditure Actual Lodging for canvassing deployment 10/15-10 reported estimate)/17,	Category/ Type 002		10 15 2016
Name of Federal Candidate:		X Support	Office Sough	nt: Nouse District: 04
LOVE, MIA, , ,		Oppose	Presid	ent Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	19974.80	Disbursemer 2016	nt For: Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
			The state of the s	/ M / D D / Y Y Y Y
Mailing Address			Amou	nt
City	State	Zip Code		
			Data	of Dichuranant or Obligation
Purpose of Expenditure	.1	Category/ Type	Date	of Disbursement or Obligation
Name of Federal Candidate:		Support Oppose	Office Sough	
Calendar Year-To-Date			Disbursemer	
Per Election for Office Sought	7 7			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			.	4534.30
(a) SUBTOTAL of Unitemized Independent Expenditure	'es		•	
(a) TOTAL Independent Expenditures			•	394061.43
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Buchanan, Emily, , ,	Electronically File	[ed]	e 05	17 2017
Signature		_ Date	, 03	2017